

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

NOTICE OF DEPOSITION

Civil Court Action No.: 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that we will take the deposition of the following parties or persons, before a Notary Public not affiliated with any of the parties or their attorneys, on all relevant and material issues, as authorized by Article 31 of the CPLR:

PLAINTIFFS: ELVIA PONCE GARCIA and DEMETRIO PERERZ LOPEZ

DATE: September 20, 2017

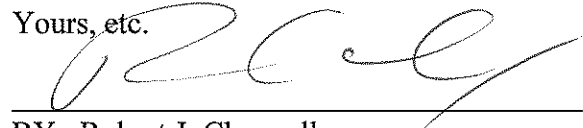
TIME: 10:00 A.M.

PLACE: AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP
600 Third Avenue
New York, New York 10016

PLEASE TAKE FURTHER NOTICE, that the persons to be examined are required to produce all books, records and papers in their custody and possession that may be relevant to the issues herein.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**DEMAND FOR EXPERT WITNESS
INFORMATION**

Civil Court Action No. 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that demand is hereby made upon you, pursuant to CPLR §3101(d)(1) to disclose the following information:

1. Disclose each person plaintiff(s) expect(s) to call as an expert witness at trial.
2. Disclose in reasonable detail the qualifications of each expert witness. Include the following:
 - a) Where did the expert attend medical school and when did he or she graduate?
 - b) Did the expert attend internship, residency and/or fellowship programs: If so, where and when?
 - c) Does the expert specialize in any areas of medicine?
 - d) Is the expert Board Certified in any areas of medicine?
 - e) Is the expert licensed to practice medicine in the United States? If so, where and when was he or she licensed?
 - f) What are the expert's hospital affiliations, if any?
3. With respect to each and every act or omission which you will claim as the basis of the alleged malpractice of the defendant(s) herein, disclose in detail the substance of the facts

and opinions upon which each expert is expected to testify and a summary of the grounds for each expert's opinion, to include reference to the following:

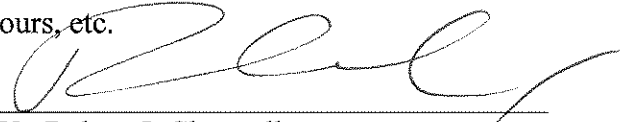
- a) The condition or conditions which it is claimed the defendant(s) undertook to treat and upon which plaintiff's(s') complaint(s) is/are based;
- b) A statement of the accepted medical practices, customs and medical standards which it is claimed were violated by the defendant(s) herein in each of the acts or omissions claimed to be the basis of the liability against it (them);
- c) The manner in which the defendant(s) herein departed from the above accepted medical practices, customs and standards;
- d) If the plaintiff(s) claim(s) that the defendant(s) ignored or improperly interpreted complaints, signs, symptoms or conditions; made an erroneous diagnosis; failed to make a proper diagnosis; improperly treated the plaintiff(s); failed to take proper tests; improperly took or administered tests; failed to perform a proper physical examination; set forth:
 - (i) The complaints, signs, symptoms or conditions that the defendant(s) failed to interpret properly;
 - (ii) The proper interpretation, which plaintiff(s) claims should have been reached or made;
 - (iii) In what respect the diagnosis was erroneous and incorrect;
 - (iv) The claimed proper diagnosis;
 - (v) The improper treatment which it is alleged was rendered;
 - (vi) The treatment which it is claimed by plaintiff(s) should have been rendered;
 - (vii) The name and/or description of each and every test defendant(s) failed to take or administer;
 - (viii) The name of each and every test the defendant(s) improperly took or had administered or taken;
 - (ix) The manner in which it is claimed such test(s) should have been administered or taken;
 - (x) A description of the physical examination performed;
 - (xi) The manner in which it is claimed such physical examination should have been performed.

- e) If it is alleged that the defendant(s) herein improperly performed a surgical procedure or that it was contraindicated and/or unnecessary, set forth:
 - (i) The name of each surgical procedure and the date it was performed;
 - (ii) The surgical procedure which it is claimed was contraindicated, and/or unnecessary;
 - (iii) In which manner the aforesaid surgical procedure was contraindicated;
 - (iv) In what manner the aforesaid surgical procedure was improperly performed;
 - (v) In what manner the aforesaid surgical procedure should have been performed.
- f) If any of the claims of medical malpractice relate to the prescribing of a drug or medication, state:
 - (i) The name of each drug or medication prescribed;
 - (ii) The dates(s) of each prescription;
 - (iii) The drugstore(s) where each prescription filled;
 - (iv) The number of times each prescription was filled;
 - (v) The pharmacy number of each prescription.
- g) If the plaintiff claims that the defendant(s) herein administered improper, inappropriate and/or contraindicated drugs, administered proper drugs in incorrect dosages, set forth:
 - (i) The generic and trade name of each and every improper and/or contraindicated drug which was administered or prescribed;
 - (ii) The name of each proper drug allegedly administered incorrectly or in incorrect dosages;
 - (iii) The manner in which it is claimed each such drug should have been administered and/or the correct dosage thereof, or the proper, appropriate and/or indicated drug.

PLEASE TAKE FURTHER NOTICE, that failure to comply with the said demand within sixty (60) days from the last timely service of an answer herein, pursuant to 22 NYCRR 202.56(a)(1)(vi), will result in a motion for an order precluding the introduction, at the time of trial, of any testimony concerning alleged departures from medical standards of care, proximately caused injuries, or economic damages.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**NOTICE TO PRODUCE NAMES
AND ADDRESSES OF WITNESSES**

Civil Court Action No. 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that pursuant to CPLR §3101, all counsel are required to produce any and all names and addresses of persons:

1. Claimed to have witnessed the acts of omission or commission alleged in the complaint;
2. Claimed to have firsthand knowledge of the acts of omission or commission alleged in the complaint;
3. Claimed to be witnesses to any acts, omissions or conditions which allegedly caused the occurrence alleged in the complaint;
4. Claimed to be witnesses to any communications involving the defendant which plaintiff may seek to introduce at trial; and
5. If plaintiffs' attorney, representative or plaintiff (him or herself as the case may be) has or have conducted an interview with any of the physicians who treated the injuries alleged herein or related conditions, whether preexisting the alleged malpractice or occurring subsequent thereto, set forth:
 - a. The full name and address of the physician;
 - b. The corresponding date on which each interview was conducted;
 - c. The full name and address of each person conducting the said interview;

- d. The full name address of every other person – if any – in attendance;
- e. Whether any mechanical device such as, but not limited to, stenographic note taking, audio and/ or videotaping, etc. was utilized during said interview.

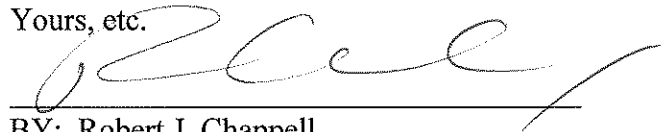
At the offices of the undersigned attorneys within twenty (20) days from the date hereof.

PLEASE TAKE FURTHER NOTICE, that this is to be deemed a continuing demand, and all responsive information that subsequently is made known or becomes available to plaintiff shall be furnished to the undersigned in a timely fashion.

PLEASE TAKE FURTHER NOTICE, that failure to provide the aforesaid information within twenty (20) days after receipt of this Notice, will leave you subject to the provisions of the CPLR.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiff,

- against -

**DEMAND FOR COLLATERAL
SOURCE INFORMATION**

Civil Court Action No. 514095/2015

ERNESTO RODRIGUEZ-DUMONT, M.D.,
SHAILINI SINGH, M.D., JYOTHI CHOWDARY
NANNAPANENI, M.D., LUTHERAN FAMILY
HEALTH CENTERS and LUTHERAN
MEDICAL CENTER,

Defendants.

SIR/MADAM:

PLEASE TAKE NOTICE, that demand is hereby made upon you pursuant to CPLR §4545 to produce and permit the undersigned attorneys to inspect and copy the contents of:

1. Each and every collateral source of payment, including but not limited to insurance agreements (except life insurance), Social Security (except those benefits provided under Title XVIII of the Social Security Act), Workers' Compensation or employee benefit programs (except such collateral sources entitled by law to liens against any recovery of the plaintiff), and any other collateral source of payment for past or future costs or expenses alleged to have been incurred by the plaintiff(s) and for which recovery is sought in the instant action, and

2. A written statement setting forth any and all such collateral sources and their amounts.

PLEASE TAKE FURTHER NOTICE, that failure to produce said collateral sources of

payment at the offices of the undersigned within twenty (20) days from the date herein, will result in a motion for appropriate relief.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GLASER & LICHTMAN, P.C.
Attorneys for Plaintiff(s)
747 Third Avenue
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**DEMAND PURSUANT TO
CPLR §2103**


Civil Court Action No. 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that pursuant to §2103(e) of the Civil Practice Law and Rules, you are hereby required to furnish to the undersigned the names and addresses of the parties, and their respective attorneys who have appeared in this action.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**DEMAND FOR INDEX NUMBER
RECEIPT**

Civil Court Action No. 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that demand is hereby made that you serve upon the undersigned within fifteen (15) days hereof, a copy of the receipt of the purchase of the Index Number assigned to the above-captioned matter pursuant to CPLR §306-a.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO PEREZ
LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**DEMAND FOR AUTHORIZATIONS
FOR HOSPITAL AND PHYSICIAN'S
RECORDS AND INTERVIEWS FOR
TREATING PHYSICIAN**

Civil Court Action No. 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that demand is hereby made that you serve upon the undersigned duly executed authorizations for the release of the records pertaining to the care and treatment rendered to the plaintiff in any and all hospitals.

Demand is additionally made that you serve upon the undersigned duly executed authorizations for the release of records of any and all treating physicians and other medical providers.

Demand is further made that you serve upon the undersigned duly executed authorizations in accordance with Arons v. Jutkowitz, 9 NY3rd 393 (2007), for the ex parte interview by defense counsel of any and all treating physicians and all other medical providers in the form attached hereto or other form complying with 45 CFR 164.508 [c][1], [2] to the extent that each such authorization set forth:

- 1) This law firm's name;
- 2) The identity of this law firm's client;
- 3) The "protected" and related health information expected to be disclosed;
- 4) The non-party medical provider's right to refuse the request for the ex parte

interview;

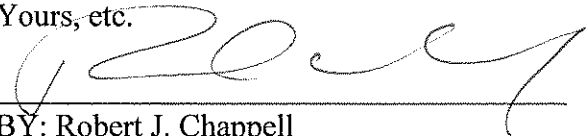
5) That the aforesaid authorization is to remain valid for the duration of this lawsuit.

The aforementioned authorizations should include the full name and address of each institution and/or physician and the dates of confinement or treatment and should be in the form attached hereto or other HIPAA compliant form.

PLEASE TAKE FURTHER NOTICE, that failure to comply with this demand will serve as a basis for a motion to preclude the plaintiff upon the trial of this action from offering proof relative to all claimed injuries and medical damages if such authorizations are not forthcoming within twenty (20) days after service of a copy of the within Demand.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name	Date of Birth	Social Security Number
Patient Address		

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**DEMAND FOR TAX RETURNS
AND EMPLOYMENT RECORDS**

Civil Court Action No. 16-6726

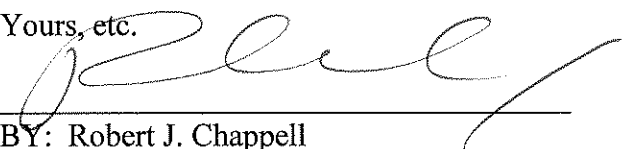
SIR/MADAM:

PLEASE TAKE NOTICE, that pursuant to Rule 3120 of the CPLR, you are hereby required to furnish to the undersigned full and complete copies, or, authorizations to obtain full and complete copies of all employment and tax records referable to the plaintiff(s).

PLEASE TAKE FURTHER NOTICE, that failure to provide the aforesaid authorizations within twenty (20) days after receipt of this Notice will leave you subject to the provisions of the CPLR.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**NOTICE TO PRODUCE
STATEMENTS**

Civil Court Action No. 16-6726

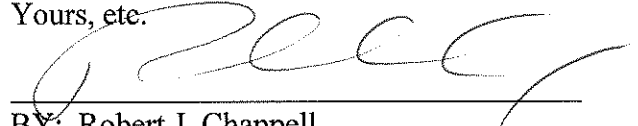
SIR/MADAM:

PLEASE TAKE NOTICE, that pursuant to §3101(e) of the Civil Practice Law and Rules, you are hereby required to produce at the offices of the undersigned attorneys within twenty (20) days from the date herein, any statements made by defendant(s), **SHAILINI SINGH, M.D. and NYU LUTHERAN MEDICAL CENTER s/h/a LUTHERAN MEDICAL CENTER**, and/or the statements of any of their employees and/or the statements of their former employees relating to the issues in this matter, including but not limited to any and all records obtained from said defendant(s).

PLEASE TAKE FURTHER NOTICE, that upon failure to produce the aforesaid items, a motion will be made to the Court for the appropriate relief with costs.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for SHAILINI SINGH, M.D. and NYU
LUTHERAN MEDICAL CENTER s/h/a
LUTHERAN MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**NOTICE TO PRODUCE
CERTIFICATE OF MERIT**

Civil Court Action No. 16-6726

SIR/MADAM:

PLEASE TAKE NOTICE, that pursuant to §3012-a(a)(2) of the Civil Practice Law and Rules, you are hereby required to furnish the undersigned with a Certificate of Merit.

PLEASE TAKE FURTHER NOTICE, that failure to provide the aforesaid within twenty (20) days after the receipt of this notice, will leave you subject to the provisions of the CPLR.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for SHAILINI SINGH, M.D. and NYU
LUTHERAN MEDICAL CENTER s/h/a
LUTHERAN MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

**DEMAND FOR DISCLOSURE OF
MEDICARE/MEDICAID/BENEFITS
/ELIGIBILITY**

Civil Court Action No. 16-6726

Dear Sir/Madam:

PLEASE TAKE NOTICE that demand is hereby made that plaintiff(s) provide the following information pursuant to CPLR 3120(a) and 42 U.S.C. Section 1395y(b)(8)(A):

1. The plaintiff's date of birth;
2. The plaintiff's Social Security Number;
3. The plaintiff's Medicare Health Insurance Claim Numbers (HICNs), Medicaid file number, New York State Department of Social Services (DSS) file number, and/or Medicare Secondary Payor (MSP) file number, if applicable;
4. If the plaintiff has applied for or been awarded Medicare and/or Medicaid and/or DSS and/or MSP benefits, all information/documentation related to the application applied and/or award of said benefits including the amount paid out to plaintiff to date which is subject to the mandatory reporting requirements of MMSEA § 111; include the full name under which plaintiff applied for these benefits;
5. If the plaintiff has applied for or been awarded Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI), all information/documentation related to the application and/or award of said benefits; include the full name under which plaintiff applied for these benefits;
6. State if plaintiff applied for insurance benefits with a private insurer pursuant to Medicare part B, C, or D. If yes, provide the name and address of the insurer and set forth the benefits provided.
7. If plaintiff has been receiving Medicare benefits and is now deceased, please provide the following:
 - a. Relationship of the administrator of plaintiff's estate to plaintiff's decedent.
 - b. Name and address of Plaintiff's administrator.

- c. Telephone number and/or e-mail address of plaintiff's administrator.
 - d. Social Security Number of plaintiff's administrator.
8. If the plaintiff has been denied Medicare, Medicaid, SSI, and/or SSDI benefits, provide all information/documentation concerning any such denial;
 9. If the plaintiff has appealed or intends to appeal the denial of Medicare, Medicaid, SSI, and/or SSDI benefits, provide all information/documentation of any such appeal or intents to appeal of the denial of such benefits; and
 10. State whether Medicare, Medicaid and/or the Social Security Administration has a lien on any potential award, judgment or settlement in this lawsuit and, if so, state the amount of such lien(s) and provide all information /documentation relative to these liens.

Pursuant to CPLR § 3101(a), provide duly executed and acknowledged written authorizations permitting defendant's attorneys and defendant's representatives to obtain and make copies of all Medicaid records, specifying the correct address of said Medicaid office, along with the plaintiff's Social Security Number and the file number. Said defendant further demands that a signed original of the attached Authorization for Release of Medicaid Protected Information, and/or any other specific authorization required by Medicaid be executed and provided for use in conjunction with this demand as it pertains to health information.

If plaintiff received or applied for Social Security benefits, including but not limited to SSI or SSDI benefits, provide a duly executed and acknowledged written authorization setting forth the correct Social Security file number, allowing the defendant's attorneys and defendant's representatives to obtain and make copies of all files, records, and reports of the Social Security Administration regarding the plaintiff. Said defendant further demands that a signed original of the attached Social Security Administration Consent for Release of Information and/or any other specific authorization required by the Social Security Administration be executed and provided for use in conjunction with this demand as it pertains to health information.

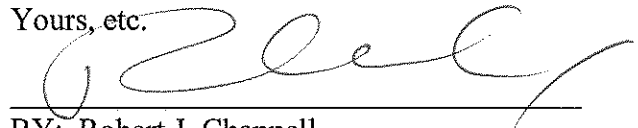
PLEASE TAKE FURTHER NOTICE that the provisions of CPLR 3122 govern this demand and if the party to whom the notice is directed objects to the disclosure, inspection or examination or withholds any documents which appear to be within the category of the documents required by the notice, compliance with CPLR 3122 is required.

PLEASE TAKE FURTHER NOTICE that in the event of failure or refusal to comply with any of these demands, said defendant will apply to the Court for the appropriate relief including, but not limited to, an Order compelling compliance pursuant to CPLR 3124 and/or appropriate relief pursuant to CPLR § 3126 and 22 N.Y.C.R.R. Part 130.

PLEASE TAKE FURTHER NOTICE, that all demands herein shall be deemed to continue during the pendency of this action through and including the trial thereof and plaintiff's responses must be amended or supplemented properly in compliance with CPLR § 3101(h).

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
(212) 750-1200

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

**DEMAND FOR SOCIAL
NETWORKING INFORMATION**

Civil Court Action No. 16-6726

UNITED STATES OF AMERICA, SHAILINI
SINGH, M.D., JOHN ILAGAN, M.D. and
LUTHERAN MEDICAL CENTER,

Defendants.

COUNSELORS:

PLEASE TAKE NOTICE, that pursuant to Article 31 of the CPLR, §2305 and §3120 of the CPLR, you are hereby required to serve upon AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP, attorneys for the defendant SHAILINI SINGH, M.D. and NYU LUTHERAN MEDICAL CENTER s/h/a LUTHERAN MEDICAL CENTER, within twenty (20) days after service of a copy of this demand, setting forth in detail the following documents and materials:

(1) Original, signed, fully addressed, fully executed HIPAA-compliant authorizations, containing complete names and addresses of each social networking entity/provider, date of birth and social security number of Plaintiff, and any other identifying information for the release of any and all historical records/information for Plaintiffs':

- a) Facebook account;
- b) Myspace account;
- c) Twitter account;
- d) Foursquare account;
- e) Google Buzz account;
- f) Shutterfly.com account;
- g) Flickr.com account;
- h) Snapfish.com account;
- i) LinkedIn account;
- j) Evite.com account;

- k) Punchbowl.com account;
- l) Classmates.com account;
- m) Active.com account;
- n) Bebo.com account;
- o) Friendster account; and
- p) Instagram account.

(2) Identify any other social networking site(s) which Plaintiff has been a member of from five (5) years prior to the alleged date of negligence to present.

The above authorizations must include the email address linked to the account, along with all other required identifying information. If Plaintiff never had such an account, then an Affidavit to that effect must be provided. If Plaintiff does not currently have such an account, but had such an account at some time prior, then an Affidavit to that effect must be provided, including the time frame such an account existed.

Dated: New York, New York
June 21, 2017

Yours, etc.



BY: Robert J. Chappell
AARONSON RAPPAPORT FEINSTEIN &
DEUTSCH, LLP
Attorneys for Defendants
SHAILINI SINGH, M.D. and NYU LUTHERAN
MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER
Office & P.O. Address
600 Third Avenue
New York, NY 10016
212-593-6700

To: TROLMAN, GALER & LICHTMAN, P.C.
Attorneys for Plaintiffs
747 Third Avenue - 23rd Floor
New York, New York 10017
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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Civil Court Action No.: 16-6726

ELVIA PONCE GARCIA and DEMETRIO
PEREZ LOPEZ,

Plaintiffs,

- against -

UNITED STATES OF AMERICA,
SHAILINI SINGH, M.D., JOHN ILAGAN,
M.D. and LUTHERAN MEDICAL
CENTER,

Defendants.

NOTICE OF DEPOSITION AND COMBINED DISCOVERY DEMANDS AND NOTICES

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP

Defendants

SHAILINI SINGH, M.D. and NYU LUTHERAN MEDICAL CENTER s/h/a LUTHERAN
MEDICAL CENTER

Office and Post Address

600 Third Avenue

New York, NY 10016

212-593-6700

To: **ALL PARTIES**
